

## **PUBLIC HEALTH PROGRAM SURVEY- Maternal and Child Health**

### Contact Information

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**Short Title:** Integration of family planning services into an STD clinic setting

**Program Location:** Denver, Colorado

### **Objectives and Goals:**

Goal of program: To promote healthy families.

Objectives:

1. To develop and maintain an integrated family planning program within an existing STD clinic which compliments STD clinical services.
2. To provide initial evaluation of family planning needs for both men and women, with referral to primary care services for ongoing contraceptive and reproductive health care needs.
3. To offer continuity services for teens and high-risk women who require additional support to avoid unintended pregnancy and STD/HIV.

### **Methods:**

Based on a research study, we developed a Title X clinic at our STD clinic which provides reproductive health care services to eligible men and women as part of their STD evaluation. For women, services provided include preconception counseling, pregnancy testing, emergency contraception, and initial contraceptive services (i.e., 3 month supply) with referral to primary care for ongoing services. For men, services include preconception counseling and contraceptive counseling focusing on their role in family planning. High-risk women/teens are eligible to receive ongoing contraceptive/STD services through our clinic.

### **Program Length:**

Started in 2001 and ongoing.

### **Number of target population reached by effort:**

Since the program's inception, over 10,000 individual women and 8,000 individual men have received initial family planning services with their STD evaluation.

**Demographic Info:**

The majority of clients are  $\leq 24$  years old (29%  $\leq 19$  years, 34% 20-24 years, and 37%  $\geq 25$  years). In terms of racial/ethnic breakdown, 57% are whites, 23% are African-Americans, and 25% are other racial groups, while 37% report being Hispanics and 60% are non-Hispanic. Most clients are indigent with 76% having  $\leq 150\%$  poverty level, with most being uninsured (66%) or having public insurance (7%). Of those presenting for care, 24% had a current STD and 36% had a history of a prior STD infection.

**Overall Cost:**

We receive approximately \$250,000 each year. We integrate these monies into STD clinic budget and train our clinicians to provide both family planning and STD clinical services.

**Funding Sources:**

100 % Federal Funding

**Outcomes:**

We do not have data on averted unintended pregnancies since many patients do not return to the clinic. However, we know that STD clinics serve high-risk men and women, many of whom use these clinics because they lack access to reproductive health care services. There are advantages associated with incorporating contraceptive counseling and primary care transition into the STD clinic visit. First, we focus on a common reproductive healthcare problem of STD clients (i.e., unintended pregnancy) and link the importance of STD/HIV and pregnancy prevention into the counseling provided. Second, by transitioning low-risk clients, particularly women to a reproductive health care provider, this potentially decreases the number of clients seen through our clinic who require non-STD-related services, allowing greater availability of services for others in need.

**Did you make any estimates regarding costs deferred, outbreaks averted or deaths prevented?**

No. We just have information on number of individuals served. We assume that our services help to reduce unintended pregnancy but since most individuals do not return to the clinic, we are not certain that occurs.

**Additional Information:**

To determine eligibility to ongoing continuity services at the STD clinic, we developed criteria based on additional analyses completed as part of our research study using study data to enhance our understanding of the profiles of women who are at increased risk of unintended pregnancy. In this analysis, we found that by combining the demographic and behavioral characteristics correlated with

incident pregnancy, the cumulative risk of pregnancy for women with 6 or more of 9 characteristics (i.e., age  $\leq$  19, being non-Caucasian, having  $\leq$  to a high school diploma or a general equivalency diploma (GED), having had at least one previous pregnancy, having not used any birth control method with last sexual encounter, having had sex at least once a week for the past 4 months, having had a previous abortion,  $\geq$ 3 sex partners within the past month and being  $<$ 17 years of age at the time of the first pregnancy) was 51% compared to 25.6% for women with  $\leq$  5 characteristics. Based on these findings, our clinicians complete a risk assessment on all women provided initial contraceptive services to determine who needs referral to our continuity clinic (located in our STD clinic) for ongoing contraception.

**Future Plans:**

We have just developed a process to provide long-acting contraceptive methods in the STD clinic allowing women to obtain IUDs and progesterone implants to reduce the risk of unintended pregnancy. Funding is fairly stable, but we are always concerned about funding. However, our goal is to take care of as many people as possible and demonstrate the importance of having these services to our funders.